



JFW

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/812,748
		Filing Date	03/29/2004
		First Named Inventor	Boydston, IV.
		Group Art Unit	3612
		Examiner Name	Gutman, Hillary L.
Total Number of Pages in this Submission	16	Attorney Docket Number	TAL:3984.0023

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee transmittal form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee attached	<input type="checkbox"/> Licensing Related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosures (identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of Cd(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		
Remarks: Other enclosures: 1. Return Receipt Postcard		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

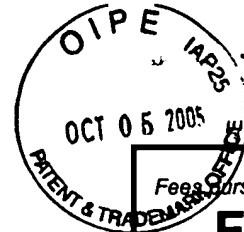
Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel L.L.P.
Signature	
Date	October 3, 2005

CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being :

- facsimile transmitted to the USPTO or
- deposited with the United States Postal Service in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450
 - with sufficient postage as first class mail
 - as "Express Mail Post Office to Addressee" - mailing label no. _____

Type or print name	Timothy A. Long		
Signature		Date	October 3, 2005



Effective 12/08/2004

Fees Pursuant to Consolidated Appropriations Act 2005 (HR 4818)

FEE TRANSMITTAL for FY 2005

Complete If Known

Application Number	10/812,748
Filing Date	03/29/2004
First Named Inventor	Boydston, IV.
Examiner Name	Gutman, Hillary L.
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37CFR 1.27	Art Unit 3612
TOTAL AMOUNT OF PAYMENT	\$75
Attorney Docket No.	TAL:3984.0023

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number 03-1550 Deposit Account Name Chernoff, Vilhauer

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fees indicated below. Charge fee(s) indicated below, except for the filing fee.
- Charge any additional fee(s) or under payment of fees under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.

Small Entity
Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
35 - 32 * =	3 x 25 =	75		Fee (\$) Fee Paid (\$)

*20 or highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims x	Fee (\$)	Fee Paid (\$)
3 - 3 ** =	0 x 100 =	0	0

** 3 or the highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ 250 (\$ 125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 = 0 (round up to a whole number)	=	125	

4. OTHER FEE(S)

Non-English Specification, \$ 130 fee (no small entity discount)

Other: _____

Fees Paid (\$)

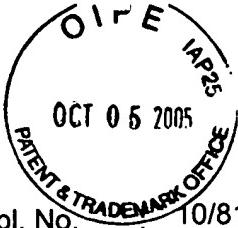
SUBMITTED BY

Signature		Registration No.	28,876	Telephone	(503) 227-5631
Name (print type)	Timothy A. Long			Date	October 3, 2005

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Appl. No. 10/812,748

Applicant : Boydston IV

Filed : 03/29/2004

Title : VEHICLE TRANSPORTER WITH SCREW ACTUATORS

TC/A.U. : 3612

Examiner : Gutman, Hilary L.

Docket No. : TAL: 3984.0023

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of September 21, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

10/06/2005 HVUONG1 00000043 10812748

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